

Ellis Athletic Center **PLAY & LEARN** Registration 2020

Child Name	
School	
Grade	
Allergies?	Y N -if YES please explain:

PARENT / CARETAKER INFORMATION – please print clearly

Parent Contact	
Emergency Cell Phone #	
Authorized Pick up Person in addition to parent	
Email	
Address	

P&L TIMES – Tuesday & Thursday 9:15am – 12pm
 P&L PRICE - \$45/day per child
 P&L DATES – Please circle the dates your Child plans to attend

September			15	22	29
October	6	13	20	27	
November	3	10	17	24	
December	1	8	15	22	29

THURSDAYS

September	10	17	24		
October	1	8	15	22	29
November	5	12	19	26	
December	3	10	17		

Medical Information: Please submit updated Immunization record for your child upon registration. Please list last well exam date here _____.

Details: Please pack your child a water and small snack. Checks, credit card, and cash are accepted, checks to be made out to Ellis Athletic Center. Please turn in camp forms at the Front Desk. Or email them to ellisathleticrec@gmail.com.

I have read and signed the attached COVID-19 waiver for my child.

The undersigned acknowledges that they have examined the facilities and that they accept them in the present condition. Furthermore, the undersigned voluntarily assumes any and all risk involved in the use of the facility, equipment and personnel and releases the club from all claims and liabilities; I, the undersigned, voluntarily assume all risks of injury while using any of FACTS Inc. equipment or Ellis Athletic Center facilities. The possible risks associated with physical activity include but are not limited to muscle strain, muscle tear, shin splints, broken bones, heat related injuries, abnormal heart beat, abnormal blood pressure and in rare instances heart attack or death. I voluntarily waive any and all claims of injury against FACTS, Inc.; Fitness Awareness Consulting Teams, Inc.; FACTS Fitness, Inc.; Ellis Athletic Center, LLC; Berwind Property Group; BPG Real Estate Investors, Straw Party I, LP; BPG Management Co.; its trustees, officers, employees, agents and contractors.

PARENT SIGNATURE _____

DATE _____



Ellis Management ONLY
 TOTAL PAID _____
 ALLERGY _____